Superior Court of Washington, Thurston County

hearing may take place as a telephonic or vide 2. The name of the motion or type of hearing is The motion was filed on: (date motion: Criminal Miscellaneous, Evidentiar 3. The hearing should be scheduled as a: In Custody Competency Review:	Defendant Other: Drive SW, Building 2; Olympia, WA 98502. The eo proceeding please see below. The following sessions require a written by and Resentencing Hearings.
1. A court hearing has been scheduled for: The hearing is scheduled by the ☐ Plaintiff This hearing will take place at 2000 Lakeridge hearing may take place as a telephonic or vide 2. The name of the motion or type of hearing is The motion was filed on: (date motion: Criminal Miscellaneous, Evidentiar 3. The hearing should be scheduled as a: ☐ In Custody Competency Review:	
The hearing is scheduled by the Plaintiff This hearing will take place at 2000 Lakeridge hearing may take place as a telephonic or vide The name of the motion or type of hearing is the motion was filed on: (date motion: Criminal Miscellaneous, Evidentian is the hearing should be scheduled as a: In Custody Competency Review:	Defendant Other: Drive SW, Building 2; Olympia, WA 98502. The eo proceeding please see below. The following sessions require a written by and Resentencing Hearings.
The hearing is scheduled by the Plaintiff This hearing will take place at 2000 Lakeridge hearing may take place as a telephonic or vide The name of the motion or type of hearing is the motion was filed on: (date motion: Criminal Miscellaneous, Evidentiar and the hearing should be scheduled as a: In Custody Competency Review:	Defendant Other: Drive SW, Building 2; Olympia, WA 98502. The eo proceeding please see below. The following sessions require a written by and Resentencing Hearings.
This hearing will take place at 2000 Lakeridge hearing may take place as a telephonic or vide 2. The name of the motion or type of hearing is The motion was filed on: (date motion: Criminal Miscellaneous, Evidentiar 3. The hearing should be scheduled as a: In Custody Competency Review:	Drive SW, Building 2; Olympia, WA 98502. The eo proceeding please see below. E
hearing may take place as a telephonic or vide The name of the motion or type of hearing is The motion was filed on: (date motion: Criminal Miscellaneous, Evidentiar The hearing should be scheduled as a: In Custody Competency Review:	eo proceeding please see below. E). The following sessions require a written by and Resentencing Hearings. DUI / Drug Court:
The motion was filed on: (date motion: Criminal Miscellaneous, Evidentiar B. The hearing should be scheduled as a: In Custody Competency Review:	e). The following sessions require a written by and Resentencing Hearings.
motion: Criminal Miscellaneous, Evidentiar 3. The hearing should be scheduled as a: In Custody Competency Review:	y and Resentencing Hearings.
☐ In Custody Competency Review:	
Monday 9:00 a.m.	Tuesday [] 10:00 a.m. [] 11:00 a.m. Wednesday [] 2:30 p.m. [] 3:30 p.m.
Special Sentencing: Monday [] 11:00 a.m.	☐ In Custody Criminal Miscellaneous Motions: Wednesday [] 9:00 a.m. [] 10:00 a.m. [] 11:00 a.m.
☐ Evidentiary Hearing: Monday [] 1:30 p.m. [] 3:15 p.m. Tuesday [] 1:30 p.m.	☐ In Custody Omnibus Hearing: Wednesday [] 9:00 a.m. [] 10:00 a.m. [] 11:00 a.m.
☐ In Custody Change of Plea & Sentencing: Monday [] 9:00 a.m. [] 9:30 a.m. [] 10:00 a.m. Tuesday [] 1:30 p.m. [] 2:00 p.m.	☐ In Custody Arraignment: Tuesday 9:00 a.m.
Wednesday [] 1:30 p.m. [] 2:00 p.m. [] 2:30 p.m. Thursday [] 3:30 p.m.	☐ Treatment Reviews & Non-Compliance: Monday [] 10:30 a.m. [] 11:00 a.m.
Resentencing Hearing: Thursday [] 1:30 p.m	

Warnings!

Check that the session is available before you schedule a hearing. You can see whether a session is
full on the Clerk's web page: www.co.thurston.wa.us/clerk for "criminal/civil session availability."

5. Person Scheduling this Hearing:

I declare that on	Name of party:
(signature)	
6. Names and Contact Information	for Everyone Notified of this Hearing Name:
Attorney for:	Attorney for:
WSBA #:	WSBA #:
Address:	Address:
Telephone:	Telephone:
Name:	Name:
Attorney for:	Attorney for:
WSBA #:	WSBA #:
Address:	Address:
Tolonbono	Talanhana

4. Declaration of Service